CLAIMS ONLY

Application Number	Filing Date
10779546	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1			1				51						
2				.			52						
3				.			53						
4				.			54						
5				.			55						
6				.			56						
7				.			57						
8				.			58						
9				.			59						
10				.			60						
11				.			61						
12				.			62						
13				.			63						
14				.			64						
15				.			65						
16				.			66						
17			1				67						
18				.			68						
19				.			69						
20				.			70						
21				.			71						
22				.			72						
23			1				73						
24				.			74						
25				.			75						
26				.			76						
27				.			77						
28				.			78						
29				.			79						
30				.			80						
31				.			81						
32				.			82						
33				.			83						
34				.			84						
35				.			85						
36				.			86						
37				.			87						
38			1				88						
39				.			89						
40				.			90						
41				.			91						
42				.			92						
43				.			93						
44				.			94						
45				.			95						
46				.			96						
47				.			97						
48				.			98						
49				.			99						
50				.			100						
Total Indep			4				Total Indep						
Total Depend			46				Total Depend						
Total Claims			50				Total Claims						